

Healthier Communities Select Committee			
<b>Report:</b>	Care Quality Commission (CQC) Inspection/s of GP Practices: Dr Bhupinder Batra's practice and the Queens Road Partnership		
<b>Ward:</b>	Evelyn, New Cross and Telegraph Hill	Item No.	N/A
<b>From:</b>	NHS Lewisham Clinical Commissioning Group		
<b>Class:</b>	N/A	Date:	25 <sup>th</sup> June 2019

## 1. Purpose

1.1 The purpose of this report is to provide the Healthier Communities Select Committee (HCSC) with an update of the Care Quality Commission inspections of GP practices providing Primary Medical Services in Lewisham and the actions taken by NHS Lewisham Clinical Commissioning Group.

1.2 Therefore, the committee is asked to note the following;

- (i) The Care Quality Commission (CQC) inspections at Dr Batra's practice and the Queens Road Partnership;
- (ii) Contractual actions recommended and approved by the Primary Care Commissioning Committee, NHS Lewisham Clinical Commissioning Group under level 3 delegation<sup>1</sup> for Primary Medical Services by the Primary Care Commissioning Committee on 18<sup>th</sup> June 2019;
- (iii) The request to merge Dr Batra's practice with the New Cross Health Centre both located in the Waldron Health Centre approved by the Primary Care Commissioning Committee on 18<sup>th</sup> June 2019.

1.3 This supplementary paper to the Healthier Communities Select Committee was to enable the Primary Care Commissioning Committee, NHS Lewisham Clinical Commissioning Group (under level 3 delegation for Primary Medical Services) on Tuesday 18<sup>th</sup> June 2019 to formally consider the recommendations. Consequently, the pragmatic approach adopted was to submit this report late and share the outcome of the Primary Care Commissioning Committee with the HCSC.

## 2. Care Quality Commission Inspection: Dr Batra's practice

2.1 Dr Bhupinder Batra's practice (also known as Dr Batra's practice and the Waldron Family Practice) is located in the Waldron Health Centre, New Cross. The practice has a registered list size at 5,800 and is a 'single-handed' practice. The practice was first inspected by the Care Quality Commission (CQC) on 22<sup>nd</sup> July 2015. The CQC report was published on 24<sup>th</sup> September 2015 and the practice was rated 'Good' overall.

2.2 The CQC carried out an announced comprehensive inspection of Dr Batra's practice on 20<sup>th</sup> February 2019.

2.3 The CQC rated the contractor for the following areas:

Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Inadequate

<sup>1</sup> <https://www.england.nhs.uk/commissioning/pc-co-comms/pc-comms/>

2.4 The contractor received an overall rating of *Inadequate* and was placed into *Special Measures* by the CQC.

2.5 The CQC found that the contractor was failing to comply with;

(i) Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

and

(ii) Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

2.6 As a result of the inspection, the CQC issued two Warning Notices to the contractor (the practice) on 13<sup>th</sup> March 2019, which required them to produce an action plan and be compliant with Section (1) Regulations 12 and 17 by **14<sup>th</sup> May 2019**

2.7 CQC Report published on 15<sup>th</sup> April 2019. See Appendix 1 for the CQC statement and the full report is located: <https://www.cqc.org.uk/location/1-496034730>

### 3. Care Quality Commission Inspection: Queens Road Partnership

3.1 The Queens Road Partnership is located in, New Cross. The practice has a registered list size of 9,900. The practice was first inspected by the Care Quality Commission (CQC) on 13<sup>th</sup> December 2015. The CQC report was published on 10<sup>th</sup> March 2016 and the practice was rated 'Good' overall.

3.2 The CQC carried out an announced comprehensive inspection of the Queens Road Partnership on 20<sup>th</sup> February 2019.

3.3 The CQC rated the contractor for the following areas:

Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

3.4 The contractor received an overall rating of *Inadequate* and was placed into *Special Measures* by the CQC.

3.5 The CQC found that the contractor was failing to comply with;

(iii) Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

and

(iv) Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

3.6 As a result of the inspection, the CQC issued two Warning Notices to the contractor (the practice) on 13<sup>th</sup> March 2019, which required them to produce an action plan and be compliant with Section (1) Regulations 12 and 17 by **14<sup>th</sup> May 2019**

3.7 CQC Report published on 15<sup>th</sup> April 2019. See Appendix 2 for the CQC statement and the full report is located: <https://www.cqc.org.uk/location/1-545225942>

### 4. Care Quality Commission: Process<sup>2</sup>

4.1 The *Special Measures* provides a framework within which CQC and NHS England will work together to ensure a timely and coordinated response to GP practices that are

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<sup>2</sup> <https://www.cqc.org.uk/news/providers/update-cqcs-proposals-special-measures-gp-practices>

providing inadequate care. This will ensure that practices are not allowed to continue to provide inadequate care to patients indefinitely.

4.2 The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care do not continue to do so.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or the CQC will seek to cancel their registration.

4.3 GP practices are rated for five key questions (safe, effective, caring, responsive and well-led) and for six population groups (older people; people with long term conditions; families, children and young people; working age people, including students and those recently retired; people whose circumstances may make them vulnerable; and people experiencing poor mental health, including dementia).

4.4 GP practices rated as inadequate for one or more of the five key questions or six population groups will be given a specified time period for re-inspection. This will be no later than six months after the initial rating is confirmed. This period will give the practice a fixed time during which they must demonstrate improvement, ahead of another CQC inspection.

4.5 If, after re-inspection, they have failed to make sufficient improvement, and are still rated inadequate for a key question or population group, the CQC may place the practice into 'special measures' for a second time, or may take other enforcement action (e.g. termination of registration).

4.6 GP practices are usually placed into special measures for six months. Being placed into special measures will represent a decision by CQC that a practice has to improve within six months to avoid steps to cancel their registration.

4.7 If, at the end of the special measures period, the practice has not improved the CQC may begin proceedings to cancel the provider's registration. If there are escalating concerns, this may be via a fast-tracked process through court enforcement action, or through a slower process whereby the provider is provided the CQC's notice of decision with 28 days' notice plus an additional 28 days for appeal and is subject to the usual representations process.

## **5. Care Quality Commission: Update**

5.1 Both practices have submitted their action plans to the CQC by the deadline of 14<sup>th</sup> May 2019, which were also shared with NHS Lewisham Clinical Commissioning Group. The CQC will be carrying out focused follow-up inspections with the two practices; The Queens Road Partnership on Tuesday 25<sup>th</sup> June 2019; and with Dr Batra's Practice on Wednesday 3<sup>rd</sup> July 2019.

## **6. CCG Primary Care Commissioning Committee**

6.1 The Care Quality Commission (CQC) formally notified NHS Lewisham Clinical Commissioning (CCG) on the 12<sup>th</sup> April 2019 and 15<sup>th</sup> April 2019 with regard to the ratings for Dr Batra's practice and the Queens Road Partnership respectively.

6.2 The CCG advised all local stakeholders including Ward Councillors, MP, the Local Medical Committee, Public Health, Healthwatch and the Chair of the Healthier Communities Select Committee.

6.3 Commissioners visited both practices to review their action plans.

6.4 Under level 3 delegation of Primary Medical Services the governance and responsibility resides with the Primary Care Commissioning Committee with accountability to the CCG Governing Body. Recommendations are made to that committee in line with national primary care contracts (Personal Medical Services or General Medical Services).

6.5 In consideration of any contractual actions the CCG has to consider a number of factors to ensure that any actions recommended are appropriate and proportionate including;

- Should a breach or remedial notice be issued based on CQC visit report evidence?
- What is the Contractor's track record/contractual history?
- Is it a proportionate response to issue a breach or remedial notice?

6.6 On Tuesday 18<sup>th</sup> June 2019, in accordance with NHS England's Framework for responding to CQC inspections of GP practices<sup>3</sup>, the following recommendations were made to the Primary Care Commissioning Committee with regard to Dr Batra's practice;

- (i) a breach notice for those areas of contractual non-compliance, which have **now fully been resolved**:
  - Failure to ensure a staff member was covered by medical indemnity insurance at the time of the inspection;
  - Failure to have in place risk assessments or emergency equipment at the time of the inspection;
  - Failure to comply with guidance in relation to the storage of vaccines at the time of the inspection; and
  - Failure to risk assess access to a defibrillator which was shared with another practice in the building at the time of the two most recent CQC inspections.
- (ii) a remedial notice for those areas of contractual non-compliance which have **not yet fully been resolved** which, for example, requires the practice to provide evidence of:
  - Measures have been put in place to ensure that any learning is shared amongst all staff;
  - Systems that the practice has put in place to ensure that clinical waste is being appropriately disposed of in accordance with legislation and guidelines;
  - Patients only being excepted following a clinician's judgement;
  - Systems being put in place for carrying out Infection Prevention Control (IPC) audits in the future and a list of any relevant IPC audits that have already been carried out;
  - The system for identifying patients that require care plans and the measures in place to ensure that they are regularly reviewed; and
  - The practice's training log.

6.7 On Tuesday 18<sup>th</sup> June 2019, in accordance with NHS England's Framework for responding to CQC inspections of GP practices<sup>4</sup>, the following recommendations were made to the Primary Care Commissioning Committee with regard to Queens Road Partnership;

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<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf>

- (i) a breach notice for those areas of contractual non-compliance which have now fully been resolved, for example;
  - Failure to ensure that at the time of the CQC inspection, the contents of the emergency bag held on the premises were appropriate and safe
- (ii) a remedial notice for those areas of contractual non-compliance which have not yet fully been resolved, for example;
  - Infection control
  - Failure to have effective arrangements for managing safety alerts
  - Failure to maintain adequate significant event and complaints records
  - Failure to ensure newly recruited staff were immunised appropriate to their role

6.8 When practices are issued with a breach and/or remedial notice, the practice has 28 days to respond. The response will be very similar to the action plan that the practice will have sent to the CQC, and it is at this stage, subject matter experts will be asked to provide their view as to whether the practice has provided sufficient evidence or assurances which satisfies the breach and/or remedial notice.

6.9 On Tuesday 18<sup>th</sup> June 2019 the Primary Care Commissioning Committee concluded that considering the serious nature and the number of failings identified by the CQC, and that both contractor's track records and contractual history evidences no previous concerns, and both are clearly co-operating to resolve compliance issues – it was proportionate and reasonable to issue breach and remedial notices.

## **7. Merger Application: New Cross Health Centre and Dr Bhupinder Batra's practice, Waldron Health Centre, New Cross**

7.1 A request was made to NHS Lewisham Clinical Commissioning Group by the New Cross Health Centre (NCHC) run by the Hurley Group and Dr Bhupinder Batra's practice (also known as the Waldron Family Practice) to merge their contracts from 1 July 2019, with the site merger by 4<sup>th</sup> August 2019.

7.2 Practice Profiles: Both practices currently hold separate Personal Medical Services (PMS) contracts with NHS Lewisham CCG and are located on the same floor in the Waldron Health Centre at New Cross, London SE14 6LD.

7.3 Dr Batra, the sole practitioner, plans to retire in approximately two years' time and has requested to merge with the New Cross Health Centre practice. It is Dr Batra's intention to continue working with NCHC as a partner until his retirement.

7.4 As set out in section 2 of this report, Dr Batra's practice has recently been inspected by the CQC and was issued two warning notices and was rated 'Inadequate' overall. The Hurley Group has been supporting Dr Batra's practice to implement measures to address the issues raised by the warning notices and the CQC report and has provided assurances that the practice will endeavour to resolve all issues prior to the contractual merger date.

7.5 Merger: The merged practice will retain the name of New Cross Health Centre and will have a combined list size of around 13,000 patients. The disruption to patients will be kept to a minimum and there will be continuity of care for Dr Batra's patients, as Dr Batra will continue to provide clinical sessions.

7.6 In addition, the practice is moving less than fifty feet on the same floor. It is also expected that most of the locum GPs and existing staff will transfer over to New Cross Health Centre.

7.7 Drivers: The strategic drivers that support this merger are:

- Improvements in access, which will offer all patients a choice of a wider range of opening hours, services and clinicians;
- Improvements in quality of service provision and faster rectification of concerns raised by CQC in relation to Dr Batra's practice through increased workforce and management oversight;
- Improved integrated working and network collaboration, which is not always sustainable for a single-handed GP;
- At scale service delivery, accessing centralised functions already established;
- Ensure the long-term viability of the merged practice and provide financial stability;
- Ensure a more efficient use of clinical space at NCHC and allow the practice to grow;
- Support the NHS England and NHS Lewisham CCG's strategy for larger practices delivering a wider range of services from a central accessible location, and modern, fit for purpose premises.

7.8 Patient Engagement: Dr Batra's practice met with members of its Patient Participation Group and initial feedback has been positive, with the members being pleased that Dr Batra would continue to be available to provide their medical care within the same location.

7.9 A survey has been developed in relation to the merger and a text message was sent to patients of both practices. The patient feedback indicates that patients would like to see a number of improvements and changes ranging from improvements to the waiting area to skype/video appointments.

7.10 Stakeholders Engagement: Support for the merger was received from the Local Medical Committee and Lewisham Healthwatch provided the following statement:

7.11 *"Lewisham recognises that practices are having to merge for a number of different reasons. We also recognise that securing the sustainability of general practice is one of nine national 'must dos' in the NHS Operational Planning and Contracting Guidance for 2017-2019 and that Lewisham CCG is supporting our local practices to work at scale. To this end, we support the merger of Dr Batra's Practice with the New Cross Health Centre in principle. We hope that both practices involved in this merger will ensure that their patients are informed and supported through what, for some, will be a difficult time. We hope that a mechanism(s) will be put in place for patients to ask questions and for any questions asked to be answered on a timely basis. We are particularly keen that vulnerable groups been communicated with. We would also like to extend an offer to review the patient letter and engagement materials before they go out. As Dr Batra's Practice has received an inadequate rating, we are pleased to note that an improvement plan addressing all issues highlighted by CQC, and other areas that require improvement will be included in the business case. It is important that that these improvements take place."*

7.12 Equalities: An Equality Analysis Screening Tool has been completed and no adverse impacts have been identified for the 9 protected characteristics.

7.13 Primary Commissioning Committee: On Tuesday 18<sup>th</sup> June 2019 the Primary Care Commissioning Committee approved the request to merge Dr Batra's practice with the New Cross Health Centre, subject to; (i) the development of a thorough improvement plan, agreed with the contractor; and (ii) engagement with the Healthier Communities Select Committee.

## 8. References

Primary Care Commissioning Committee, Tuesday 18<sup>th</sup> June 2019:

<https://www.lewishamccg.nhs.uk/about-us/how-we->

[work/Meeting%20papers/Primary%20Care%20Commissioning%20Comittee%20-%2018%20June%202019.pdf](#)

England's Framework for responding to CQC inspections of GP practices:  
<https://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf>

## **9. Further information**

Contact: Diana Braithwaite, Director of Commissioning & Primary Care; Email: [Diana.braithwaite@nhs.net](mailto:Diana.braithwaite@nhs.net) or Ashley O'Shaughnessy, Deputy Director of Primary Care; Email: [Ashley.Oshaughnessy@nhs.net](mailto:Ashley.Oshaughnessy@nhs.net)

## Appendix 1: CQC Statement – Dr Bhupinder Batra’s practice

11<sup>th</sup> April 2019

### Dr Bhupinder Batra’s practice rated Inadequate by CQC

A Lewisham surgery has been rated Inadequate overall by the Care Quality Commission and placed in special measures.

Dr Bhupinder Batra’s practice, one of four located at Waldron Health Centre in Stanley Street, was rated Inadequate for being safe and well-led, it was rated Requires Improvement for being effective and Good for being caring and responsive, following an inspection in February 2019. Previously it was rated Good overall.

The practice did not have clear systems and processes to keep patients safe.

It did not have appropriate systems in place for the safe management of medicines.

It did not have appropriate medicines and equipment for the safe management of medical emergencies.

The practice did not ensure that staff who required professional indemnity had this in place.

Areas where the practice **must** now make improvements include:

- Ensuring care and treatment is provided in a safe way to patients.
- Establishing effective systems and processes to ensure good governance.

However, there was some Good care at the practice. Staff dealt with patients with kindness and respect and involved them in decisions about their care. The practice organised and delivered services to meet patients’ needs. Patients could access care and treatment in a timely way.

Head of Inspection for Primary Medical Services in London, Antony Hall, said: “Patients at Dr Bhupinder Batra’s practice deserve a good standard of care and it is concerning that the practice is now Inadequate overall, especially since it was previously rated Good.

“Patients registered with practices being placed into special measures should be aware that support is offered by NHS England and the Royal College of GPs to ensure that there are no immediate risks to patient safety whilst improvements are being made.”

You can read the inspection report in full once it has been published on the CQC website by clicking here <https://www.cqc.org.uk/location/1-496034730>

### Ends

For media enquiries, contact **Ray Cooling, Regional Engagement Manager (London)**, on 020 7448 9136 or call the press office on 020 7448 9401 during office hours. Journalists wishing to speak to the press office outside of office hours can find out how to contact the team here <http://www.cqc.org.uk/media/our-media-office>. (Please note: the duty press officer is unable to advise members of the public on health or social care matters). For general enquiries, please call 03000 61 61 61.



## Appendix 2: CQC Statement – Queens Road Partnership

15<sup>th</sup> April 2019

### Queens Road Partnership rated Inadequate by CQC

Inspection carried out on 21 February 2019

During a routine inspection

We carried out an announced comprehensive inspection at **The Queens Road Partnership**, also on 21 February 2019. The practice was previously inspected on 15 December 2015, where they were rated as good for providing effective, caring, responsive and well-led services and good overall. The full comprehensive report of the 15 December 2015 inspection can be found by selecting the 'all reports' link for The Queens Road Partnership on our website at .

This inspection was an announced comprehensive inspection carried out on 21 February 2019 as part of our inspection programme. This report covers our findings in relation to the actions we told the practice they should take to improve as well.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our on-going monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as inadequate overall.

We rated the practice as inadequate for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice had not undertaken criminal record checks for some staff who were performing chaperone duties.
- There were no fire safety checks documented since 2014 and it was unclear when the last fire drill was undertaken.
- Equipment had not been calibrated appropriately.
- The practice did not have appropriate medicines for the safe management of medical emergencies.
- The practice did not have adequate infection prevention control systems and processes in place.

We rated the practice as requires improvement for providing effective services because:

- The practice was unable to show that staff had the skills, knowledge and training to carry out their roles. For example, in relation to lead roles for infection prevention control.
- Staff had not received appraisals since 2017.
- These areas affected all population groups so we rated all population groups as requires improvement.

We rated the practice as requires improvement for providing responsive services because:

- The practice scored lower than local and national scores in the GP patient in relation to getting through to the practice by telephone and making appointments. Whilst the practice had taken some actions to respond and improve, feedback remained negative in these areas.
- There was limited documented evidence to demonstrate that complaints received by the practice were dealt with in a way that met patient needs and the handling of complaints received by the practice was not in line with national guidelines.

- These areas affected all population groups so we rated all population groups as requires improvement.

We rated the practice as inadequate for providing well-led services because:

- Whilst the practice had a clear vision, there was no evidence to demonstrate that delivery against the strategy was being monitored.
- The overall governance arrangements were ineffective. Lack of oversight and assessment of the service provided a poor governance structure which meant that issues were not routinely identified and services improved as a result.
- Regular review and updating of policies and procedures was not being undertaken.
- The practice did not have clear and effective processes for managing risks, issues and performance. Issues that could threaten the delivery of safe and effective care were not identified and managed.
- Notifications had not been submitted as required.

We rated the practice as good for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs and worked with staff to develop information leaflets to better support patients.  
The areas where the provider must make improvements are:
- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.  
The areas where the provider should make improvements are:
- Continue to monitor and improve patients experience when telephoning the practice.
- Implement actions to improve the uptake for childhood immunisation and for the cervical screening programme.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables. <https://www.cqc.org.uk/location/1-545225942/reports>

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice